

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Leadership PAC		FEC IDENTIFICATION NUMBER ▼ C C00751503
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Canal Partners Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2020	
Mailing Address 1027 33Rd St NW Ste 140		Amount 274915.00	
City Washington	State DC	Zip Code 20007-3529	Transaction ID : 500122993
Purpose of Expenditure Television Advertisement	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 27 / 2020	
Name of Federal Candidate Kennedy, Joseph, P, , III		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Canal Partners Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2020	
Mailing Address 1027 33Rd St NW Ste 140		Amount 99950.00	
City Washington	State DC	Zip Code 20007-3529	Transaction ID : 500123036
Purpose of Expenditure Television Advertisement	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2020	
Name of Federal Candidate Kennedy, Joseph, P, , III		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	374865.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lowey, Keith, D., ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 28 / 2020

Signature

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Leadership PAC		FEC IDENTIFICATION NUMBER ▼ C C00751503
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee LM Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2020
Mailing Address 5146 Nebraska Ave NW		Amount 100.00
City Washington	State DC	Zip Code 20008-2047
Purpose of Expenditure Production Expenses	Category/ Type 004	Transaction ID : 500123014 Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2020
Name of Federal Candidate Kennedy, Joseph, P, , III		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee ZTribeca		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 28 / 2020
Mailing Address 494 8Th Ave FI 22		Amount 15863.00
City New York	State NY	Zip Code 10001-2519
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : 500122994 Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2020
Name of Federal Candidate Kennedy, Joseph, P, , III		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: MA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	15963.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	390828.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lowey, Keith, D., ,

[Electronically Filed]

Date

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08 / 28 / 2020

Signature